

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 38710
9264
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY St Louis city				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Silex Twp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthony's Hosp.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Gertrude		b. (Middle) Rose		c. (Last) Koster	
4. DATE OF DEATH		Oct		26		1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept. 7, 1948	
9. AGE (In years last birthday) 2 yrs		10. UNDER 1 YEAR Months		11. UNDER 1 YEAR Days		12. UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Lincoln Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Issac Henry Koster		13b. MOTHER'S MAIDEN NAME Pearl Welch		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME I. H. Koster		ADDRESS Silex, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 010X			
22. I hereby certify that I attended the deceased from 7-6 1950, to 10-26 1950, that I last saw the deceased alive on 10-26 1950, and that death occurred at 6:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. Kigel, M.D.		23b. ADDRESS 3244 So. Grand. St. Louis, Mo.		23c. DATE SIGNED 10/30/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/28/50		24c. NAME OF CEMETERY OR CREMATORY St Alphonsus Cemetery		24d. LOCATION (City, town, or county) (State) Lincoln Co. Missouri	
DATE REC'D BY LOCAL REG. OCT 31 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Funeral Home Troy, Missouri.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Joseph J. March
Licensed Embalmer No. 3932

Signed
Student Embalmer

P. O. Address Troy, Missouri.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.